POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Mr	6781	1/9/55
O.I.P.E. CLASSIFIER			
F RMALITY REVIEW	dA	63310	11/30/

INDEX OF CLAIMS

✔	...... Rejected	N	...... Non-elected
=	...... Allowed	I	...... Interference
—	(Through numeral) Canceled	A	...... Appeal
÷	...... Restricted	O	...... Objected

Claim Final	Original	Date									Claim Final	Original	Date									Claim Final	Original	Date								
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